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Canada's Hepatitis C News Bulletin

www.hepcbc.ca

CURED OF HEP C, BUT STILL LIVING WITH IT



What happens when much of your life is built around a particular position or identity, and then that identity changes?

In 1993, while in the hospital having my daughter, I was diagnosed with hepatitis C. Three years ago, I did the ribavirin and pegylated interferon treatment and cleared the virus. It's very cool to be living virus-free after 25+ years of being positive, but it is also kind of weird.

I have been doing HIV- and hepatitis-related work for over 13 years. I love my job. *Je ne regrette rien.*

I came to this work because someone gave me the chance to prove myself. Despite a shittion of 'life experience,' I had no formal education or work experience in the field. My primary qualification for my work life back then was being hepatitis C-positive and knowing firsthand what life as a drug user and sex worker can entail. I am so old now that there are street drugs I have never done! Middle age rolls in and my wild youth is truly behind me.

It is a funny thing to have this thing in your life that on the one hand has been the cause of plenty of misery and yet, on the other hand, is the reason I have a wonderful job, get to connect with people in a very special way, and have opportunities I wouldn't otherwise have. I have heard from HIV-positive friends about some of the blessings HIV has brought them: sense of community, sense of purpose, re-

(Continued on page 2)

B.C. COVERS TWO NEW HEP C DRUGS

British Columbia is now covering payment for two of the very effective drugs we have been waiting for as of March 24, 2015. Hep C sufferers in BC may now apply to PharmaCare for coverage of Sovaldi (sofosbuvir) and Harvoni (ledipasvir and sofosbuvir). These new drugs have an SVR rate of over 90%. They have few side effects, and involve little more than taking one pill a day for 8 to 12 weeks.

"These two new drugs can utterly change the lives of people with hepatitis C for the better," said B.C. Health Minister Terry Lake. "More British Columbians affected by this virus now have significantly better odds of becoming free of the disease."

B.C. and Ontario negotiated jointly with Gilead, producer of the treatments, through the pan-Canadian Pharmaceutical Alliance (pCPA), which allows participating provinces and territories to use their collective buying power to negotiate lower prices for new drugs.

"By working collectively to leverage our joint buying-power, we have been able to expand access for patients in a responsible way that makes our health-care system more sustainable," said Dr. Eric Hoskins, Ontario Minister of Health and Long-Term Care.

(Cont'd on page 3)

WARNING!!

IMPORTANT DRUG WARNING

Co-administration of amiodarone with either Harvoni or with Sovaldi in combination with another DAA is not recommended.

Gilead sent out a letter a few days ago to prescribing doctors. Serious and life-threatening cases of symptomatic bradycardia (slow heartbeat) as well as one case of fatal cardiac arrest were reported with the use of amiodarone (a drug prescribed to correct an irregular heartbeat) with either Harvoni® (ledipasvir and sofosbuvir fixed-dose combination) or with Sovaldi® (sofosbuvir) in combination with another direct acting antiviral. (These are new, very effective drugs for treating hepatitis C. There is no such danger if the patient isn't taking amiodarone or a beta-blocker.) Post-marketing cases of symptomatic bradycardia, as well as one fatal cardiac arrest and cases requiring pacemaker insertion, have been reported in patients taking amiodarone and Harvoni, or amiodarone and Sovaldi in combination with another DAA.

The slow heartbeat was noticed within hours to days of starting Harvoni, or Sovaldi in combination with another



DAA, but cases have been observed up to 2 weeks after initiating HCV treatment.

Risk factors for the development of symptomatic bradycardia in patients receiving amiodarone may include co-administration of a beta blocker, or those with underlying cardiac problems and/or advanced liver disease.

Similar cases have not been reported in patients receiving Sovaldi with ribavirin or with pegylated interferon and ribavirin.

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LETTERS TO THE EDITOR

The *hepc.bull* welcomes and encourages letters to the editor. When writing to us, please let us know if you *do not* want your letter and/or name to appear in the bulletin.

THANKS!!

HepCBC thanks the following institutions and individuals for their generosity: The late John Crooks, Allison Crowe, Billie Wood and Adrian, Victoria Positive Living Centre, Provincial Employees Community Services Fund, the Victoria Foundation, Dr. C. D. Mazoff, Judith Fry, and the newsletter team: Beverly Atlas, Diana Ludgate, Alp, Cheryl, Anamaria, and S.J.

Please patronize these businesses that have helped us: Top Shelf Bookkeeping, Merck Canada, Bristol-Myers Squibb, Roche Canada, Vertex, Gilead, Janssen, Boehringer-Ingelheim, AbbVie, Rx&D, VanCity, Country Grocer, and Thrifty Foods.

NEW!! UPDATED!! Peppermint Patti's FAQs, Version 10.1!!

Download for free:
http://hepcbc.ca/wp-content/uploads/2015/04/FAQ_v10_1.pdf



Each pill of Harvoni costs \$850, but thankfully, the cost is now covered in several provinces, including BC. (See page 1, column 2, of this issue.)

(Photo of Cynthia C's hand and pill. She is on treatment and undetectable, last we heard)

(HERMIONE—Cont'd from page 1)

newed passion for life, etc. And I can relate.

But now I am different. I have changed. It is hard to describe. My aches and pains mean something different than they used to. Blood tests and doctor appointments mean something different too. I no longer lie awake terrified that the virus is back every time I come down with the flu. I can see my blood, whether through an *owie*, or my monthly cycle, without an inherent sense of anxiety and concern for others. If I needed to call the specialist's office today, I would probably have to look up his number.

Even though I have cleared the virus, I still have to get regular ultrasounds and blood tests. I have exchanged one set of worries for some others: Will I get liver cancer? Why aren't there firm guidelines for people like me who are post-treatment? Why isn't there universal access to treatment for people who still have hepatitis C? What is our community doing for people who are co-infected with HIV and hepatitis C? (In British Columbia, up to 53 per cent of people who have HIV also have hepatitis C, and liver disease is now the leading cause of death for people with HIV in North America.)

I could choose to never disclose my history or my (previous) status ever again. I could pretend that the stigma that clogs the air for every positive person I know does not apply to me any longer. I could, but I couldn't. I wouldn't.

It is a process. A journey. And I wish it for all of you.

Hermione Jefferis works for AIDS Vancouver Island and is a member of the CATIE Board of Directors. Originally from England, she lives in Sooke, BC, in beautiful T'Sou-ke Nation traditional territories. Hermione is very curious about people, and is a poet, mother, and former wild thing. This content was originally published by CATIE, Canada's source for HIV and hepatitis C information, and appears at <http://blog.catie.cka/?p=245>

TESTING FOR ANTIBODIES AND DIAGNOSIS IS QUICK

NEW: This is a painless swab of your inner cheek or a needle prick. The results are available within 20-40 minutes.

Hopefully the tests are, or will be, available at a clinic near you, and at a World Hepatitis Day event in your area.



98% Accurate

OraQuick® Rapid Antibody Test
HCV

(COVERED—Cont'd from page 1)

Each jurisdiction participating in the Alliance may choose to accept the deal and cover the drugs on their public drug plans, or not. The details of the negotiation are confidential.

Sovaldi (for GTs 1, 2, and 3), and Harvoni (for GT1) were approved for sale during the past year. They will save people from suffering the often severe side-effects of older treatments like peginterferon plus ribavirin (PegIFN/RBV). IFN requires an injection weekly. Both Harvoni and Sovaldi are swallowed as a pill, and have far fewer side effects. (Harvoni includes Sovaldi plus ledipasvir in one pill.)

“This is incredibly welcome news for people living with hepatitis C in B.C. and their families,” said Daryl Luster, president of the board of the Pacific Hepatitis C Network. “As a person who treated with interferon and ribavirin, I know how difficult those older therapies are. The hepatitis C community is excitedly anticipating the change these new game-changing medications will bring to thousands of people living with hepatitis C in British Columbia.”

These drugs are free for people who meet their criteria (e.g., treatment-naïve patients or previous non-responders to older drugs.) The B.C. Ministry of Health plans to cover treatment for about 1,500 people in the first year. PharmaCare will collect data and look at the effectiveness of the program.

“These publically funded drugs will bring the hepatitis C cure to infected British Columbians, improve their health, and prevent needless deaths from liver disease. This begins the path to eliminate hepatitis C in British Columbia,” said Dr. Mel Krajden, B.C. Centre for Disease Control and Department of Pathology and Laboratory Medicine at UBC.

Participation in the pan-Canadian price initiative has brought ten common generic drugs to 18% of the brand name price, as well as PharmaCare coverage changes for DPP-4 inhibitor diabetes drugs, thus saving tens of millions of dollars for PharmaCare.

PharmaCare also covers Victrelis (boceprevir) and peginterferon/ribavirin, for the treatment of chronic hepatitis C.

There are about 80,000 Hep C sufferers in B.C. About 33% of people living with hepatitis C do not know they have it.

About 25% of people who get infected have the genes that allow them to fight off the infection without treatment. The other 50,000 in B.C. may eventually require treatment—the sooner, the better. Those who are cured won't pass the disease on to others. In 2013-14, about 1,200 people in B.C. were treated for chronic hepatitis C with medication.

More info. Visit: www.health.gov.bc.ca/pharmacare/formulary/dds.html

PRAYERS AND PETITIONS

By Linda Zimmerman



I saw my hepatologist last May and did not receive much encouragement that there was any drug or interferon-free combo available. I decided then and there that I had to do something, and that something was to get a petition going, not just for myself, but for the possible 15,000 people of Manitoba who have Hep C and those who may not know it yet. I wrote up a letter to the Health Minister and her staff to get the new drugs Sovaldi and Simeprevir approved. I wanted a meeting with the Health Minister, and my doctor was willing to come to that meeting, but only with the Health Minister, not the Health Critic.

After several months of having people sign the petition and sending in the signed letters to the government, I got a reply from the assistant to the Executive Director of the Pharmacare Plans. I immediately agreed to the meeting, but my doctor was not able to be there.

The meeting was concentrated on the combo of Sovaldi and simeprevir because Harvoni was not yet much talked about, although I had read up on it at one point. I was told that simeprevir (Olysio/Galexos) was already in the Pharmacare formulary and that Sovaldi needed to be approved through the Common Drug Review (CDR). Well, when I checked the formulary, Simeprevir was not included. I was very disappointed and was pretty sure that Sovaldi would also not be approved for a long time.

The executive director did comment later that my hepatologist was looking at a drug through Gilead, which was to be superior to the combo, but that the Sovaldi and simeprevir would not be approved to be given together. What a let down! Well, the petitions and the letter writing did not stop. I emailed the people involved with the CLF in Winnipeg and somehow, through that, I got an email asking for information for one of the people going to the support group. I gladly gave what info I had. This person emailed me and we have been in contact ever since. When I told him about my petition and letter writing, he joined in. Harvoni was now

the drug we were asking for because it did not sound as if the other combo would ever be approved. He wrote a letter which we started handing out to people we knew. He spoke at different venues about his experience with his treatment and the high cost of the drugs. He also requested of the government (Health Minister, Premier, and Executive director of Pharmacare) to make educating the public and doctors about Hep C a priority. The big issue here was to get doctors checking liver enzymes of all their patients once a year and follow up on those results if they were not normal.

He has spoken to a number of people as well as the regional health authorities about some of these concerns and we are hoping that they will take this seriously. The sooner Hep C can be diagnosed, the sooner treatment can begin and the drain on the health cost associated with liver disease in general can be minimized.

Among him, my husband and me, we figure perhaps 500 names were sent into the government on this issue. I also spoke with our MLA who was the Health Critic a number of years ago, and he said he would also talk to those who had clout and power to make things work.

Then in December, I received an email saying that Harvoni was under review with the CDR and should be through that by the 18th of March. So I waited, continued to hand out letters, and prayed for that drug to be approved. I was also told that once the drug was reviewed and approved, it would go to the pan-Canadian Pharmaceutical Alliance for pricing negotiations, and if that was done by May, then it would end up in the formulary possibly by the end of July. Well, now there was a glimmer of hope, but we did not let up on the sending in letters. I read an article that in the US there was a reduction of the cost of Harvoni by 47%, so I sent the Executive Director this information, that could be used for negotiating a price.

Last week when I sent an email to her asking how the review was going, it took a few days, but I got the great news that as of April 20th 2015, Manitoba Health will provide benefit coverage for Harvoni and Sovaldi, and once a person's deductible is satisfied, the eligible cost of the drugs will be paid.

Our prayers were answered, and I thank everyone who helped by signing the petitions and sending in the letters. It was a lot of work, but well worth it.

NEW STATS = BETTER TARGETS

How many people have hepatitis C? Who has it? Where do they live? We at HepCBC went through the latest statistics about hepatitis C in BC, in Canada, and the World. They're not perfect because not everyone who has hepatitis C has been tested, and not all cases are reported, especially in less-developed countries. But with a cure now available and the eventual eradication of hepatitis C an achievable goal, governments are starting to collect better data allowing them to better target their resources. Here is a summary of the most recent statistics:

IN THE WORLD (from *European Assn. for Study of the Liver [EASL] –2014 vol. 61 j S45–S57*):

115 million people now living in the world (1.6% of the population) have been exposed to hepatitis C virus (have HCV antibodies), of whom 80 million have chronic hepatitis C (CHC).

The top-ten countries in order from greatest to least number of people with CHC are China, Pakistan, Nigeria, Egypt, India, Russia, USA, Brazil, Congo, and Japan. NOTE: Egypt, with 15% of its population suffering from CHC, has the highest prevalence of any country. However, because its total population is so much smaller than China, China has far more infected individuals than Egypt.

The top-ten regions in order of the percentage of their population which has CHC (prevalence) are

Sub-Saharan Africa, West; Sub-Saharan Africa, Central; Eastern Europe; Central Asia; North Africa/Middle East; "Other"; Latin America, Tropical; Central Europe; Australasia; and South Asia.

The top-ten regions in order of the total number of people with CHC (followed by the % prevalence) are:

- South Asia (15.2 million, 0.9%);
- Sub-Saharan Africa, West (14.9 million, 4.1%);
- East Asia (10 million, 0.7%);
- North Africa/Middle East (9.7 million, 2.1%);
- Eastern Europe (4.7 million, 2.3%);
- SE Asia (4.2 million, 0.7%);
- North America (2.8 million, 0.8%);
- Sub-Saharan Africa, Central (2.6 million, 2.6%);
- Western Europe (2.6 million, 0.6%);
- Sub-Saharan Africa, East (2.4 million, 0.6%)

NOTE: If we add together the three Sub-Saharan African regions above plus Sub-Saharan Africa South (0.7 million, 0.9%)

the total, 20.6 million, puts Sub-Saharan Africa into the top position.

The genotypes are found in this distribution in the world:

Genotypes 1a and 1b = 46%; Genotype 2 = 22%; Genotype 3 = 13%; Genotype 4 = 13%; and

Genotypes 5 and 6 together = 6%. For maps, see link below.

Source: [www.journal-of-hepatology.eu/article/S0168-8278\(14\)00526-1/pdf](http://www.journal-of-hepatology.eu/article/S0168-8278(14)00526-1/pdf)

IN CANADA (from *Public Health Agency of Canada [PHAC], Canada Communicable Disease Report [CCDR] Volume 40-19, Dec. 18, 2014 and Canadian Liver Foundation*):

Depending on whom you talk to, the number of people with chronic hepatitis C (CHC) in Canada can be anywhere from 220,000 to approximately twice that number. The Canadian Liver Foundation estimates 300,000 Canadians are currently infected with the virus, but that number could include those who test positive but have cleared the disease, either on their own (generally in the first six months of infection) or through treatment. The percentage of the population living with CHC (prevalence), and the % of this population which does not realize they have CHC (undiagnosed) can vary widely as well. A 2013 Canadian Health Measures Survey (PHAC, 2013) was strongly criticized because data from several provinces was missing and members of key populations such as intravenous drug users, immigrants from countries with high HCV prevalence, the homeless, aboriginal people and prisoners were under-represented. This new report tries to address the limitations of the previous survey by using statistical methods such as a "back-calculation model" (for more details on this see link below). The results were quite fascinating!

2014 PHAC study concluded between 0.64% and 0.71% of Canada's population were living with CHC in 2011. This is 220,697 people, and 44% of them were undiagnosed.

Birth cohorts most affected by CHC (followed by prevalence in %): 1950-1954 (1.25%); 1955-1969 (1.5%); 1960-1964 (1.2%); 1965-1969 (1.1%); and 1970-1974 (0.8%).

NOTE: The prevalence in cohorts previous to 1950 has actually declined to below the national average. The author assumes this is likely due to deaths which could be related to CHC in this aging population. Though the 1945-1949 cohort may now contain lower than average prevalence, those with CHC remaining in this cohort are the most in danger of dying from this disease. The sooner we find and treat them, the more cases of liver cancer and liver failure will be averted and the more quality years of life

these people will be able to have. (On a personal note: the author of this article is a person born in 1948 who was recently cured of hepatitis C with the new DAA drugs, and feels incredibly fortunate and grateful for this extra lease on life!)

Who has hepatitis C in Canada? Nine groups in order of the total number of people with CHC (followed by the % prevalence) are the following:

- Foreign-born, ages 14-79 (116,428 - 1.9%);
- Former IDU, ages 14-79 (75,602, - 28.5%);
- Current IDU (66,000 - 66%);
- Non-aboriginal, non-foreign-born, non-IDU ages 14-79 (39,711 - 0.2%);
- Provincial inmates, including youth (9,287 - 23.25%);
- Residents of nursing homes & long-term care hospitals (8,832 - 2.95%);
- Aboriginal, non IDU (6,115 - 0.5%);
- Homeless, non IDU (4,072 - 2.25%);
- Federal inmates, including youth (3,493 - 24%).

NOTE 1: The foreign-born statistic should be split into those who are from countries or regions with high prevalence versus those who are not. This would show a far higher % prevalence among those from certain countries (see previous "WORLD" section).

NOTE 2: Many of those who are foreign-born, former IDU, aboriginal, homeless, or residents of nursing homes are also "Baby Boomers." One-time-only testing of "Baby Boomers" would locate approximately 67% - 75% of all those with hepatitis C, including those from all of the groups above.

What % of the CHC population remains un-diagnosed? Various studies have tested members of specific groups and found that of those in the group who tested positive for CHC, the following % of each group did not previously know they had CHC:

- Drug users = 20% to 43% undiagnosed;
- Hospital patients = 56% undiagnosed;
- Inmates = 28% - 50% undiagnosed;
- First-time blood donors = 48% - 58% undiagnosed;
- Men who have Sex with Men (MSM) = 44% - 75% undiagnosed;
- US Population = 50.3% undiagnosed;
- Canadian household, population ages 14 - 79 = 70% undiagnosed. (*Canadian Health Measures Survey - CHMS: Health Reports 2013; 24 11*): 3-13)

Sources:

www.phac-aspc.gc.ca/publicat/ccdr-mtc/14vol40/dr-rm40-19/surveillance-b-eng.php and

www.liver.ca/support-liver-foundation/advocate/clf-position-statements/hepatitis_C_testing.aspx

IN BC (from *BC Centre for Disease Control, PHAC, Statistics Canada, and BC Cen-*

(Continued on page 6)

\$500 for WORLD HEPATITIS DAY?

HepCBC is again offering \$500 each to four organizations or communities who are planning a World Hepatitis Day event in British Columbia. Email your proposal to info@hepcbc.ca ASAP. Thanks!

REVOLADE™ for LOW PLATELETS

On March 23, 2015, the Canadian pharmaceutical drug regulatory body CDEC (a sub-committee of CADTH and the Canadian Drug Review) recommended that the Glaxo-Smith Kline drug Revolade™ (eltrombopag) "be listed for the treatment of thrombocytopenia [low platelets] in patients with genotype 2 or 3 chronic hepatitis C virus (HCV) infection to allow the initiation and maintenance of interferon (IFN)-based therapy if the following conditions are met:

- (1) Patient is under care of a physician treating HCV in a specialized centre.
- (2) Patient does not have access to an IFN-free regimen for HCV, and their clinical condition does not permit deferral of treatment until an IFN-free regimen becomes accessible.
- (3) Substantial reduction in price."

The CDR decided to allow the drug to be sold in Canada for the purpose of increasing a patient's platelets to the point he or she would be eligible to begin and/or continue hepatitis C treatment with IFN. They assume this drug will not be needed much in the future due to different treatment criteria and regimens associated with the new DAAs. However future DAA treatment criteria could also entail a minimum platelet count so use of this drug by HCV+ people may continue into the DAA era. CDR also pointed out that the submitted price is so high that its use is not economical (\$125 per 50 mg tablet) and that the company would need to lower its price; it is not cost-effective, coming in at \$90,060 per quality-adjusted life-year (QALY) measurement (generally half that amount would be considered ok). The drug is not covered by BC PharmaCare and we can predict that it probably will not until the price comes down significantly.

Source: www.cadth.ca/media/cdr/complete/cdr_complete_SR0377_Revolade_Mar-23-2015_e.pdf

HepCBC LIVER WARRIORS YEAR 5

Join the FIFTH ANNUAL HepCBC Liver Warriors team in Victoria, BC on October 11, 2015! The Early Bird Special fees until May 15th: Marathon \$90, Half Marathon \$65, and 8K Road Race \$35. Register at www.runvictoriamarathon.com/register.aspx. Please be sure to list your team as **HepCBC Liver Warriors**. It might be on the dropdown list already; check. As soon as you register, could you please let HepCBC know, either by phone to 250-595-3892 or email to marathon.hepcbc@gmail.com.

Have you been undetectable for a minimum of 12 weeks after treatment? Give others hope. Congratulations to our friends:

1. **GJ** - SVR Dec 1998 - IFN/RBV 52 wks - Dr. Anderson/Natalie Rock, Vancouver, BC.
2. **Jeanie Villeneuve** - Oct 2000 - Schering IFN/RBV
3. **Amberose** - (GT2a/2c) - SVR 2000 - Schering IFN/RBV 24 wks
4. **KG**-Transfused 1987 (treatment naïve GT2A/2C) IFN/RBV 24 wks, 2003-2004, Toronto. SVR confirmed 2014
5. **Darlene Morrow** - (GT1 relapser) - Mar 2004 - Hyperthermia/Induction + pegIFN/RBV.
6. **Kirk Leavesley** - (GT1) - 2004 - Roche
7. **Beverly Atlas** - (GT1a) - 2005/2006 - Albuferon/RBV 44 wks
8. **Steve Farmer** - 2008 (Transplant Vancouver 2005) IFN/RBV 72 weeks.
9. **Gloria Adams†** - (GT1b relapser) - Fall 2009 IFN/RBV/telaprevir 48 wks - Drs. Erb & Yoshida, Vancouver, BC)
10. **Don Crocock** - (GT1 Stage II) - Dec. 2010 IFN/RBV - 48 weeks
11. **Daryl Luster** - (GT1a) - Feb 2011 - IFN/RBV/RO5024048 48 wks.
12. **Donna Krause** - (GT1 partial responder) SVR Nov 2011- Pegasys/Copegus, danoprevir/ritonavir/RO5024048 24 wks. Dr. Erb, Vancouver.
13. **[NEW] Hermione Jefferis** - (GT 1a) – SVR 2011, PegIFN/RBV, 48 wks, Dr. Partlow, Victoria, BC
14. **Cheryl Reitz** - (GT1b previous partial responder) SVR12 Mar 2013 - asunaprevir/daclatasvir 24 wks - Dr. Ghesquiere, Victoria, BC.
15. **Anita Thompson** - (GT1a treated 3 times) Cirrhosis - Apr 2013 - Pegasys/boceprevir 48 wks. Dr. M. Silverman, Whitby, ON.
16. **Leon Anderson** - (GT2 partial responder) SVR24 May 8, 2013 - GS-7977/RBV 16 weeks - Dr. Alenezi & Dr. Conway- VIDC - Vancouver.

URGENT REQUEST: YOUR INPUT

Do you want to see some competition in the hepatitis C treatment realm? Well, there is another interferon-free "combo" for genotype 1 on the block! Holkira Pak™, manufactured by AbbVie, a combination of ombitasvir, paritaprevir, ritonavir, and dasabuvir (+/- ribavirin). WE NEED YOUR patient input for our submission to BC Pharmacare! For more information, watch this link (as of publishing Pharmacare was dealing with a website glitch but we will update this link as soon as possible so you can send us your input).

Respond through:
<http://hepcbc.ca/2015/04/request-personal-input-holkira-pak/>

The treatment lasts 12 weeks. For treatment-naïve genotype 1a, or for genotype 1b previously treated with interferon+ribavirin, ribavirin will also be added to this combo, but note the 12 week period is not so long.

17. **Joan King** - (GT1b treated 5 times) SVR24 June 2013 - asunaprevir/daclatasvir 24 wks Dr. Ramji, Vancouver, BC
18. **Jackie** - GT1 relapser) - SVR24 June 2013 - IFN/RBV/boceprevir 48 wks. Dr. Keith Bovell, Guelph, ON.
19. **Sandy J.** (GT 1a treatment naïve) Oct 31, 2013 - IFN/RBV/Victrelis 28 wks. Fran Faulkner, RN, Vancouver Island. Now SVR24.
20. **Andrew P.** - (GT 1a many prev treatment attempts over 10+ years, including Incivek Jan 2014.) sofosbuvir/ledipasvir + RBV 24 wks
21. **[NEW] Peter A Walker** - (GT1a, treatment-naïve) SVR Jan 2014 - PegIFN/RBV+boceprevir (, (Eprex - for low RBC count from RBV.)
22. **Diane Stoney** - Transfused 3/21/79 (GT 1a treatment naïve) 2/4/2014 - 12 wks placebo, then 12 wks on ABT-450/r+ABT-267+ABT-33+RBV. Dr. Tam, Vancouver, BC
23. **Coreen Kendrick** - (GT 1a treatment naïve) Mar 10, 2014 MK5172/MK8742 12 weeks Dr. Ramji, Vancouver, BC.
24. **Jack Swartz**—(Treated 3 times) Apr 2014 IFN/RBV/Victrelis, Dr. S. Wong, WHSC.
25. **Del Grimstad** July 2014, 12 weeks simeprevir/Solvaldi
26. **Linda May** (GT 1b transfused, treatment-naïve) 12 wks asunaprevir/daclatasvir . Dr. Tam, LAIR Centre.
27. **[NEW] Robin Tomlin** (GT1 treatment-naïve) SVR12 May 4, 2014 -- Harvoni 12 weeks--Dr. Yoshida VGH.
28. **Bob** (GT1a/HIV relapser) SVR24 Nov 2014 pegIFN/RBV/Incivek 24 wks, Dr. Montaner, Salt Spring Island, BC.

Please send your name and info to Joan at info@hepcbc.ca

For those with cirrhosis, or for genotype 1a who were previously treated, ribavirin is also added and the treatment lasts 24 weeks. The treatment success rate is extremely high, and the side-effects are minimal.

PEPPERMINT PATTI's FAQs!

You can download the new Peppermint Patti's FAQs for free from our website! 150 pages of info and advice, by patients, for patients. Now includes the latest DAA treatments and most current care-provider information. Download from: http://hepcbc.ca/wp-content/uploads/2015/04/FAQ_v10_1.pdf.

SOVALDI, HARVONI OUTSIDE BC

As of March 26, 2015: Besides BC, other members of the Pan-Canadian Pharmaceutical Alliance (pCPA - formerly Pan-

(Continued on page 6)

(STATS—Continued from page 4)
tre for Excellence in HIV/AIDS):

There are approximately 80,000 people with HCV in British Columbia. BC has one of the highest (perhaps the highest) rate of new cases per year (incidence) in Canada. There appears to be approximately the same proportions of infected people in the categories described above for Canada as a whole. Recently BC Centre for Disease Control released a new table titled “HCV Cases among Immigrants BC & Canada”. Based on published “2013: HCV Rates” data published by Statistics Canada, this graph showed that the prevalence among immigrants in both Canada and BC is approximately 3%. It showed that approximately 18,883 of the 80,000 cases of hepatitis C in BC are among immigrants from Eastern Asia, SE Asia, and Southern Asia – those represented include (in order of number) people from China, India, Philippines, Taiwan, and Vietnam. While Vietnam has only an estimated 1608 HCV+ people in BC, it has the highest rate of prevalence among BC immigrants (6.1%).

Sources: www.cfenet.ubc.ca/sites/default/files/uploads/HCV%20Fact%20Sheet.pdf

www.phac-aspc.gc.ca/sti-its-surv-epi/hepc/pdf/hepc-2010-eng.pdf and

BC Centre for Disease Control Power Point slide – permission given by author and available on request to HepCBC

Armed with this new data and the new DAA drugs, governments now have the weapons at hand to develop TARGETED testing and treatment campaigns aimed at eliminating hepatitis C from BC, from Canada, and the rest of the world. The time is ripe; let’s DO IT!

22ND CONFERENCE ON RETROVIRUSES AND OPPORTUNISTIC INFECTIONS SEATTLE WASHINGTON FEB 23 - 26, 2015

The 2015 Conference on Retroviruses and Opportunistic Infections (CROI) brought together, as it does yearly, possibly the best researchers worldwide to share the latest studies, developments, and research methods, mostly for HIV/AIDS, but also HCV.

SOF, SMV and SAEs

The SOF/SMV combo is curing up to 95% of patients of Hep C, including those co-infected with HIV, and close monitoring seems to improve those rates. Researchers examined liver decompensation and serious adverse events (SAEs) occurring in non-clinical trial settings, to check for possible risk factors. Records of 544 patients taking sofosbuvir (SOF) and/or simeprevir (SMV) were examined, and they chose cases that recorded at least one of these: liver decompensation (indicated by jaundice, ascites, bleeds, encephalopathy, sepsis, or any SAE.) The 499 who had not had liver transplants were put into Cohort 1, and the 45 who had transplants, into Cohort 2. The groups were matched to analyze risk factors. There were SAEs in 16 of Cohort 1 patients and in 9 of Cohort 2 patients. Of those taking PEG-RBV-free treatments, 3 had SAEs. Risk factors for SAEs in Cohort 1 were low baseline albumin and high total bilirubin. The researchers concluded that 4.5% of Cohort 1 patients and 28.4% of Cohort 2 patients suffered an SAE or liver decompensation causing discontinuation of treatment in 1.4% of Cohort 1 and 28.4% in Cohort 2, SAEs occurring up to 1 month after ending treatment. They think the events were treatment-related since the patients had no similar events during the year before treatment, but more studies are needed. For now, based on the data, **SMV should not be given to patients with Child Pugh Class B or C liver damage.**

Source: www.natap.org/2015/CROI/648.pdf

WILL IT WORK?

Researchers at the National Institutes of Health (NIH), MD, presented results of viral load tests after 6 or 12 weeks Phase 2A trial with sofosbuvir + ledipasvir (Harvoni) + GS-9451 in various combinations. The treatment studied GT1 difficult-to-treat patients without cirrhosis, and resulted in an SVR in 95-100% of participants. There were two serious adverse events, neither related to the study drugs. More people relapsed in treatments of

8 weeks than in those of 12 weeks. Adding on the third drug made shorter treatment more effective. All patients with SVR4 maintained their SVR. Even those who still had detectable virus at week 4 of treatment, SVR12 was achieved in all but one. Don’t stop therapy!

(NEWS—Continued from page 5)

Canadian Purchasing Alliance) took part in discussions with the manufacturer of Sovaldi and Harvoni. Negotiations are in progress and a decision is expected shortly: **Alberta, Saskatchewan, Nova Scotia, PEI (see more on PEI below), and Newfoundland Nunavut and Northwest Territories**

Will list according to the NIHB formulary, which should be updated shortly

Manitoba

Available as of April 20, 2015. Listing Criteria: Available from EDS office at Manitoba Health. Notice was provided on this formulary bulletin on page 3: www.gov.mb.ca/health/mdbjf/docs/bulletins/bulletin82.pdf

Ontario

Sovaldi covered on Feb. 23, 2015 for GTs 1, 2, and 3.

Harvoni covered on March 24, 2015. Listing Criteria not yet posted online. For updated Exceptional Access Program (EAP) information watch www.health.gov.on.ca/en/pro/programs/drugs/eap_mn.aspx

PEI (see above also)

NOTE: Holkira Pak (AbbVie interferon-free combo) was covered on Feb. 12, 2015.

Quebec

Sovaldi was broadly covered on June 2, 2014: www.catie.ca/en/practical-guides/hepc-in-depth/treatment/treatment-coverage-your-region/quebec

Harvoni: Quebec is not formally part of the pCPA discussions. Negotiations are in progress.

New Brunswick

Available March 23, 2015 for GT 1 only.

Listing Criteria:

<http://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/en/NBDrugPlan/formularyupdates/NBDrugPlansBulletin903.pdf>

Yukon

Sovaldi covered on Feb. 23, 2015 for GTs 1, 2, and 3.

Harvoni available March 10, 2015. Listing Criteria: www.hss.gov.yk.ca/drugformulary.php (and search “Harvoni”)



Spring Fling
7th Annual Gala
Friday April 24th 2015

DANCING
BUFFET DINNER
RAFFLE TICKETS
SILENT/LIVE AUCTION

Music Entertainment
CLASSIC SODA
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MICHELLE SZULC

Tickets \$100.00 each

Hilton Vancouver Metrotown
6086 McKay Ave
Burnaby, B.C.

Doors open: 5:30 PM
Dinner: 6:30PM
Showtime: 8 PM

THE HAPPY LIVER SOCIETY
#720-999 West Broadway Van B.C.
604 732 7117
With all proceeds going to the HLS

ABBVIE CARE

With the approval of HOLKIRA™ PAK, AbbVie is launching AbbVie Care, which is a program that will provide best-in-class solutions to improve outcomes for people living with hepatitis C.

Canadians prescribed HOLKIRA PAK will have the opportunity to request to be enrolled in AbbVie Care. The signature care program is designed to provide a wide range of customized services including reimbursement assistance, education and ongoing disease management support. AbbVie Care will not only support health care professionals but people living with genotype 1 hepatitis C throughout their treatment journey to achieve high cure rates in the real world.

For enquiries: 1-844-471-2273.

MERCK CARE™

MerckCare™ is a program to help people who have been prescribed PEGETRON™, VICTRELIS™ or VICTRELIS TRIPLE™. The program provides:

- assistance with reimbursement and/or insurance claims.
- financial assistance for co-pay/deductible for people who qualify.
- 24/7 nursing support by phone.
- multilingual assistance.
- home delivery of medication.

MerckCare™ provides all of these services free of charge.

To enroll in MerckCare™, you can call 1-866-872-5773 or your doctor or nurse can submit an enrollment form for you. Reimbursement specialists are available from 8:00 a.m. to 8:00 p.m. EST Monday to Friday, excluding statutory holidays.

IBAVYR™

Pendopharm has established the IBAVYR™ Patient Support Program. The program will assist patients who have been prescribed IBAVYR™ (ribavirin tablets) with reimbursement navigation, financial assistance and pharmacy services. Case managers will support patients with insurance-related matters and assess eligibility for financial support. Pharmacy services include adherence support, medication delivery and counseling.

To enquire or to enroll, you may call 1-844-602-6858 Monday–Friday 7am to 11pm EST.

BIOADVANCE®

JANSSEN's GALEXOS™: BioAdvance® program can assist you in many ways during your treatment. This includes compiling and submitting, on your behalf, all the forms and documents required by your insurance company to request coverage of GALEXOS™, and following up with your insurer to get you the best coverage possible. If you don't have private insurance, the GALEXOS™: BioAdvance® program will investigate public assistance programs that can help pay for your treatment. Whichever type of coverage you have, if your insurance does not fully cover the cost of treatment, the GALEXOS™: BioAdvance® program can usually coordinate and provide financial assistance to help you get treated. Finally, the program can offer many other types of support and your doctor and members of your healthcare team will work with the GALEXOS™: BioAdvance® Program to develop a customized approach to best support you throughout the course of your treatment. Contact: 1-855-512-3740

MOMENTUM™ SUPPORT

To learn more about SOVALDI™ or the Momentum Program™ in Canada, the patient should speak to his/her doctor or nurse or call the Gilead Sciences Canada medical information line at 1-866-207-4267. Eligible patients may receive an integrated offering of support services for patients and healthcare providers throughout the entire treatment journey, including:

- Access to dedicated case managers/reimbursement navigators to help patients and their providers with insurance-related needs, including identifying alternative coverage options through private, federal and provincially-insured programs.
- The SOVALDI™ Co-pay assistance program, which will provide financial assistance for eligible patients who need help paying for out-of-pocket medication costs.
- Medication delivery services.
- Compliance and adherence programs.

PEGASSIST

The PegAssist Reimbursement Assistance Program provides reimbursement coordination assistance for patients who have been prescribed Pegasys or Pegasys RBV. The program will assist in securing funding for patients to ensure that they can start, stay on, and complete their treatment successfully. PegAssist Reimbursement Specialists are available (Monday to Friday, 10 AM - 6 PM EST) by calling: 1-877-PEGASYS or 1-877-734-2797. Patients can also obtain a program enrollment form from their nurse/physician to gain access to the program.

The program provides financial aid to qualified patients, alleviating financial barriers which may prevent patients from starting treatment, i.e., deductibles and/or co-payments. In partnership with CALEA Pharmacy, the program can conveniently deliver the medication directly to patients' homes or to the clinics.

COMPENSATION

Class Action Suit Hotline: 1-800-229-5323 ext. 8296
Health Canada Compensation Line: 1-888-780-1111
Red Cross Compensation pre-86/post-90 Registration: 1-888-840-5764 HepatitisC@kpmg.ca
Ontario Compensation: 1-877-222-4977
Quebec Compensation: 1-888-840-5764

CLAIMS ADMINISTRATOR 1986-1990

Claimants may be reimbursed for costs of treatments and accepted hepatitis C medications not covered by public or private healthcare plan while they wait for reimbursement from the 1986-1990 plan.

Administrator 1-877- 434-0944
www.hepc8690.com
info@hepc8690.com

Pre-86/Post-90

Administrator 1-866-334-3361
preposthepc@crawco.ca
www.pre86post90settlement.ca

Settlement Agreement:

www.pre86post90settlement.ca/PDFs/SA/

NEUPOGEN

Amgen has a program for patients who have been prescribed Neupogen. Dependent on specific criteria, some patients may be able to obtain Neupogen on a compassionate basis free of charge **as long as it is prescribed and dosed in accordance with the approved product monograph.** This service is accessed through the Victory Program: 1-888-706-4717.

INCIVEK CARE

Vertex's Incivek Care Patient Assistance Program supports patients with the reimbursement process for Incivek (telaprevir) treatment (Incivek, pegIFN, ribavirin). It will give you an efficient assessment of your options and eligibility. You may qualify to receive co-payment and other financial assistance to supplement your private and provincial drug program coverage. The program also provides dispensing and home delivery options, and expert treatment advice. Call the Support Line at 1-877-574-4298. (Select option 2 for English, then 2 for Incivek Care.)

**HAVE YOU HAD AN
ULTRASOUND AND AFP
TEST LATELY?**

SUPPORT BC/YUKON

Armstrong HepCURE Phone support 1-888-437-2873

AIDS Vancouver Island The following groups provide info, harm reduction, support, education and more:

• **Campbell River:** Drop in, harm reduction, needle exchange, advocacy. 1371 C - Cedar St.

Contact leanne.wingert@avi.org 250-830-0787

• **Comox Valley** Harm reduction, counseling, advocacy. 355 6th St., Courtenay. Contact Sarah

sarah.sullivan@avi.org 250-338-7400

• **Nanaimo AVI Health Centre.** Counseling, advocacy. **NEW: 102-55** Victoria Rd Contact Anita for details. 250-753-2437

anital.rosewall@avi.org

• **Port Hardy** (Port McNeil, Alert Bay, Port Hardy, Sayward, Sointula and Woss) Drop-in kitchen. 7070 Shomcliffe Rd. Contact Shane, 250-949-0432 shane.thomas@avi.org

• **Victoria** Access Health Centre, drop in, disability applications, peer training. Support group Tues 12:30 PM, 713 Johnson St., 3rd floor, 250-384-2366 Hemi-one.jeffervis@avi.org

ANKORS Hepatitis C Project

Hep C Info, support for prevention, testing, treatment and living well with Hep C.

• **Boundary, Nelson, West Kootenay** Women's gathering monthly. 101 Baker St. Nelson. Contact Laura 1-800-421-2437 250-505-5506 ankorshepc@ankors.bc.ca

• **East Kootenay** 209 16th Ave N, Cranbrook, Contact Michelle 250-426-3383 1-800-421-2437 ankorshcv@gmail.com

Castlegar Contact Robin 250-365-6137 eor@shaw.ca

Chilliwack PCRS Hep C Prevention, harm reduction. 45904 Victoria Avenue, Chilliwack. Contact Kim Lloyd 604-798-1416. lbirdsall@pcrs.ca www.pcrs.ca

Comox Valley Positive Wellness North Island Treatment/Pre & Post-treatment Support Group 2nd & 4th Wed., 615-10th St, Courtenay. Lunch. Contact Cheryl 250-331-8524. Cheryl.taylor@viha.ca

CoolAid Community Health Centre, Victoria. Meetings each Wed 10 AM and Thu 1:30 PM. 713 Johnson St. Support for all stages of treatment (deciding, during, after). Contact Roz rmilne@coolaid.org for treatment or group info.

Courtenay HCV Peer Support and Education. Contact Del 250-703-0231 dggimstad@shaw.ca

Cowichan Valley HCV Support Contact Leah 250-748-3432 r-lattig@shaw.ca

Haida Gwaii support. Contact Wendy wendy@wendyswellness.ca www.wendyswellness.ca

HepCBC info@hepcbc.ca, www.hepcbc.ca Call for office hours.

• **Victoria Peer Support:** 4th Tues. monthly 7-8:30 PM, Victoria Health Unit, 1947 Cook St. Contact 250-595-3892 Phone support 9AM-10 PM.

• **Fraser Valley** Support/Info: 604-576-2022

Kamloops ASK Wellness Centre. Chronic illness health navigation/support.

info@askwellness.ca 250-376-7558 1-800-661-7541 ext 232 or Merritt health housing & counseling 250-315-0098

www.askwellness.ca

Kamloops Hep C support group, 2nd and 4th Wed monthly, 10-1 PM, Interior Indian Friendship Society, 125 Palm St. Kamloops. Contact Cheri 250-376-1296 Fax 250-376-2275

Kelowna Hepkop: Phone support, meeting info.

Contact Lisa 1-866-637-5144 ljmortell@shaw.ca

Nanaimo - Central Island Hepatitis Service: Nurses & doctors available for info, support, treatment. Clinic located in Nanaimo. Doctor or self-referral. Contact 1-855-740-2607, sarah.hughes@viha.ca or shelby.munk@viha.ca

New Westminster Stride with Purpose "HepC" Support Group 1st & 3rd Fri monthly 10:30-11:30. BBP Nursing Team, refreshments/lunch. Contact: Stride Workers 604-526-2522, mail@purposesociety.org

Positive Wellness North Island-North Island Liver Service Info, support, treatment/pre-treatment groups. Doctor or self-referral. 1-877-215-7005 250-850-2605.

• **Courtenay:** 2nd Fri monthly 1PM, Drop-in, Comox Valley Nursing Centre (nurse)

• **Campbell River:** Treatment/pre&post-treatment support group 1st & 3rd Thu monthly 10-12 noon, Discovery Room, Sunshine Wellness Centre, Campbell River Hospital. Jody Crombie at 850-2620, jody.crombie@viha.ca

Penticton & District Community Resources Society, Harm Reduction Program, Meetings every 2nd Tues, 12:30-1:30 PM. 330 Ellis Street. Contact Melanie: 250-488-1376 or 250-492-5814

Positive Haven Info, harm reduction, support, drop in, clinic. 10697 135A St. Surrey. Contact Monika 604-589-9004.

Positive Living Fraser Valley (Abbotsford) Hep C support, Drop-in centre #108-32883 S. Fraser Way, M-F 10:30 AM-4:30PM. Info, support worker, rides to appointments in surrounding areas. Contact 604-854-1101 or plfvcentre@plfv.org

Powell River Hepatology Service Powell River Community Health, 3rd Floor-5000 Joyce Ave. Contact Melinda 604-485-3310 Melinda.herceg@vch.ca

Prince George Hep C Support Contact Ilse ilse.kuepper@northernhealth.ca

Sunshine Coast-Sechelt Healthy Livers Support Group Information/resources Contact Catriona 604-886-5613 catriona.hardwick@vch.ca or Brent 604-740-9042 brent.fitzsimmons@vch.ca

VANDU The Vancouver Area Network of Drug Users. 380 E Hastings St. M-F 10-4 Contact 604-683-6061

vandu@vandu.org www.vandu.org

Vancouver HCV Support Contact Beverly 604-435-3717 bailas@telus.net

Vancouver Hepatitis C Support Group Contact 604-454-1347 or 778-898-7211, or call 604-454-1347 (Terry), to talk or meet for coffee.

Vernon telephone buddy, M-F 10-6 Contact Peter pvanbo@gmail.com Tel. 250-309-1358.

YouthCO HIV and Hep C Society of BC. Call for appts or drop in M-F 10-6. 205-568 Seymour St,

Vancouver 604-688-1441, 1-855-YOUTHCO Stewart info@youthco.org, www.youthco.org

Whitehorse, Yukon—Blood Ties Four Directions Contact 867-633-2437 1-877-333-2437 admin@bloodties.ca

OTHER PROVINCES

ONTARIO:

Barrie Hepatitis Support Contact Jeanie for info/ appointment

jeanievilleneuve@hotmail.com

Hamilton Hepatitis C Support Group 1st Thurs. monthly, 6-7 PM, Hamilton Urban Core Community Health Centre, 71 Rebecca St, Hamilton. Contact Maciej Kowalski, Health Promoter 905-522-3233 mkowalski@hucchc.com

Hep C Team, AIDS Committee of North Bay & Area. Education, outreach, treatment, individual & group support, harm reduction, needle exchange. 269 Main St. W, Suite 201, North Bay. Contact 705-497-3560, 1-800-387-3701 or hepccommcoord@gmail.com, www.aidsnorthbay.com

Hepatitis C Network of Windsor & Essex County Last Thurs. monthly, 7 PM, Teen Health Centre-Street Health Program Office, 711 Pelissier St., Suite 4, Windsor. Contact Andrea Monkman 519-967-0490 or hepcnetwork@gmail.com, <http://hepcnetwork.net>

Kingston Hep C Info HIV/AIDS Regional Service. Contact 613-545-3698, 1-800-565-2209 hars@kingston.net www.hars.ca

London Hepatitis Hep C Support 186 King St, London. For those infected as well as affected by Hep C. Contact: 519-434-1601, 1-866-920-1601 www.hivaidconnection.com

Niagara Health System - Hepatitis C Care Clinic (HCCC) Clinics:

New Port Centre-Port Colborne, 4 Adams Street - St Catharines, Niagara Falls Hospital. Education, counseling, individual/group support, treatment, outreach, and harm reduction. Contact 905-378-4647 ext 32554 and HCCC@niagarahealth.on.ca www.niagarahealth.on.ca/services/hepatitis-c-care

Oshawa Community Health Centre Hepatitis C Team Drop-in, lunch provided each Thurs. 12-1 PM, 79 McMillan St. www.ochc.ca Contact 1-855-808-6242

Owen Sound Info, support. Contact Debby Minielly dminielly@publichealthgreybruce.on.ca 1-800-263-3456 Ext. 1257, 519-376-9420 Ext. 1257, www.publichealthgreybruce.on.ca

Peel Region (Brampton, Mississauga, Caledon) 905-799-7700

healthlinepeel@peelregion.ca

St. Catharines Contact Joe 905-682-6194

Toronto CLF 1st Mon. monthly Oct.—June, 7:30 PM, North York Civic Centre, 5100 Yonge Street. Contact Billie 416-491-3353, ext. 4932.

bpotkonjak@liver.ca www.liver.ca

Thunder Bay Hep C support. Contact Sarah Tycholiz 807-345-1516 (or for 807 area only 1-800-488-5840)

Unified Networkers of Drug Users Nationally undun@sympatico.ca

York Region Hepatitis C Education Group 3rd Wed. monthly, 7:30 PM, York Region Health Services, 4261 Hwy 7 East, B6-9, Unionville. Contact 905-940-1333, 1-800-361-5653 info@hepcyorkregion.org www.hepcyorkregion.org

QUEBEC:

Quebec City Region Contact Renée Daurio 418-836-2307

reneedaurio@hotmail.com

CAPAHC support group meetings 3rd Thurs. monthly 6-8PM, 5055 Rivard St., (Montreal) Contact 514-521-0444 or 1-866-522-0444

ATLANTIC PROVINCES

Hepatitis Outreach Society of NS. Info and support line for the entire province. Call 1-800-521-0572, 902-420-1767
Online Peer Support: info@hepns.ca www.hepns.ca

PRAIRIE PROVINCES:

Manitoba Hepatitis C phone and email support and outreach. Contact Kirk at info@mbhepc.org. Direct line: 1-204-231-1437

Manitoba CLF each Thu 1:30-3. 375 York Avenue, Suite 210, Winnipeg, Contact Bianca 204-831-6231 bpengelly@liver.ca

Medicine Hat, AB Hep C Support Group 1st & 3rd Wed. monthly, 6:30 PM, HIV/AIDS Network of S.E AB Assoc, 550 Allowance Ave. Contact 403-527-7099 bettyc2@hivnetwork.ca

To list Canadian groups here, please send details to info@hepcbc.ca by the 15th of the month. It's free!